orm is for INTERNAL TO USE ONLY does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/394428

FORM OIPE-RAM-01 (Rev. 12/97)

Total Fee Calculation

	Fee Code	Total # Claims	Number Extra	х	Fee	Fee	=	Total
	Sm/Lg.				Sm. Entity	Lg. Eatity		
Basic Filing Fee	201/101	2.4	4			160	=	
Total Claims >20	203/103	2/ -20 =		X		18	=	
Independent Claims >3	202/102	_//3 =	8	x		Golf	=	-
Mult. Dep Claim Present	204/104	,					31	-
Surcharge	205/105				····		=	
English Translation	139							·
TOTAL FEE CALCUL	ATION .							153
Fees due upon filing	the application:							
Total Filing Fees Due	:= S	15	32					
Less Filing Fees Subr	nitted - \$							
BALANCE DUE	= \$. /5	32					
Office of Initial Pater	nt Examination	· .						
-	•	F	Igurë 7					

PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

3				- · · · · · · · · · · · · · · · · · · ·	<u></u>					J. 1000
7	CLAIMS AS FILED - PART I				SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
FO			R FILED	NUMBER I		RATE	FEE		RATE	FEE
RΔ	SIC FEE						380.00	OR		760.00
	TAL CLAIMS	21	minus 2	?O= *		X\$ 9=		OR	X\$18=	18
INDEPENDENT CLAIMS		AIMS //	// minus 3 = *		7	X39=		OR	X78=	624
MULTIPLE DEPENDENT CLAIM PRESENT				+130=		OR	+260=			
* If the difference in column 1 is less than zero, enter "0" in column 2					TOTAL		OR OR	TOTAL	1002	
CLAIMS AS AMENDED - PART II					OTHER THAN SMALL ENTITY OR SMALL ENTITY					
_	1	(Column 1) CLAIMS		HIGHEST	100,000,000		ADDI-	1		ADDI-
NT A		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	TIONAL FEE		RATE	TIONAL
AMENDMENT	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***	=	X39=		OR	X78=	
-	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+130=		OR	+260=		
DEST AVAILABLE COPY					TOTAL		OR	TOTAL ADDIT, FEE		
					(Caluma 0)	ADDIT. FEE			AUDII. FEE	
	11	(Column 1) CLAIMS	<u> </u>	(Column 2) HIGHEST	(Column 3)		1.55:	1		400
AT B		REMAINING AFTER		NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL FEE
AMENDMENT B	Total	*	Minus	PAID FOR	3	X\$ 9=	FEE	OR	X\$18=	rce.
EN	Independent	*	Minus	***	=	X39=			X78=	
₹		NTATION OF M	ULTIPLE DE	PENDENT CLAIM		\		OR		
						+130=		OR	+260=	
						ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Column 2)	(Column 3)					
		CLAIMS		HIGHEST			ADDI-	1		ADDI-
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	TIONAL		RATE	TIONAL FEE
OME	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
WE	Independent	*	Minus	***	3	X39=		OR	X78=	
[FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDENT CLAIM					}	
						+130=		OR	+260=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT. FEE										
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										